

OPEN GOVERNMENT
FILING COORDINATOR DESIGNATION FORM

PLEASE PRINT THIS FORM ON OFFICIAL LETTERHEAD AND SEND TO

PUBLIC INFORMATION

OFFICE OF THE SECRETARY OF STATE A. RALPH MOLLIS
82 SMITH STREET
STATE HOUSE, ROOM 38
PROVIDENCE, RI 02903

PLEASE PROVIDE THE FOLLOWING INFORMATION TO DESIGNATE A FILING
COORDINATOR FOR YOUR OVERSEEING BODY.

FIRST NAME: _____

LAST NAME: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE NUMBER: _____

EMAIL: _____

NAME OF HEAD OF OVERSEEING BODY:

SIGNATURE OF HEAD OF OVERSEEING BODY:

_____ DATE: _____